

1853

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

588

Registrar's No.

179

1. Place of Death: (a) County Yuma (b) City or Town Yuma Rural (c) Location Yuma Gen Hosp  
(If outside city limits also write RURAL) (St. & No. (or) Name Institution)  
(d) Length of Stay: In Hospital or Institution 3 days In Community life  
(Specify whether years, months or days) In Arizona life  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma  
(If outside city limits also write RURAL)  
(d) Street No. 78 - 2nd St. (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME Eugene Cruz (b) If Veteran no (c) Social Security No. no

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐  
6. (b) Name of husband or wife Lilly 6. (c) Age of husband or wife, if alive, yrs. 35  
7. Birthdate of deceased Nov 28 1907  
(Month) (Day) (Year)  
8. Age: Years 38 Months 11 Days 16 If less than one day hrs. min.

9. Birthplace Yuma Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Musician

11. Industry or Business orchestra

12. Name E. Cruz  
13. Birthplace Yuma Arizona  
(City, town or county) (State or Country)

14. Maiden Name Carmen Sotillon  
15. Birthplace Yuma Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Amelia Cruz Garcia  
(b) Address Yuma Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Yuma Arizona (c) Date 11-16-46

18. (a) Embalmer's Signature Robert E. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma Arizona

19. (a) 11-15-46  
(Date received Local Registrar)

(b) Clara M. Lightner  
(Registrar's Signature)

Lois M. Whippert  
(Date received Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 14 1946  
TIME (Hour and minute) 1:45 AM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death as determined by autopsy: 1. Right occipital and basal skull fracture; Right occipital epidural hemorrhage; Subarachnoid hemorrhage; Laceration, right cerebellum; Left temporal & frontal lobes.  
Other conditions (Include pregnancy within 3 months of death) Intercerebral hemorrhage,  
Major findings: left frontal lobe.  
Of operations \_\_\_\_\_  
Of autopsy as above

DURATION

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes fill in the following:  
(a) Accident, suicide or homicide (specify) External violence to head - circumstances undetermined.  
(b) Date of occurrence about 11-11-46  
(c) Where did injury occur? Presumably homicide.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yuma Arizona  
(Specify type of place)

While at work? no (e) Means of injury as above

23. Signature Clara M. Lightner M. D.  
Address 601 Fifth Ave. Date signed 11-15-46

Yuma